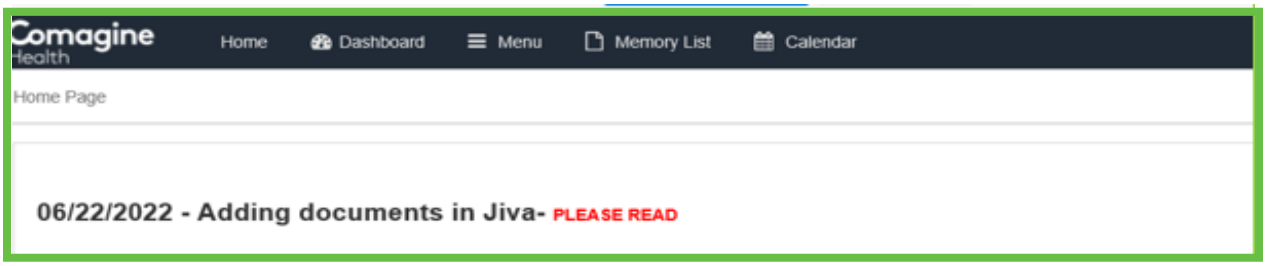
Quick Start Guide (QSG) – Outpatient Requests

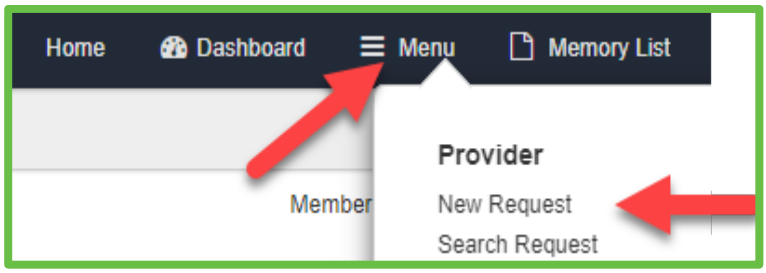
Alaska Medicaid - Division of Health Care Services

QSG for Providers submitting an outpatient (OP) authorization request via the Comagine Health Provider Portal (CHPP).

1) **Main View:**
   - **A.** Home (Splash) Page - where Comagine Health posts provider announcements.
   - **B.** Dashboard - where work can be managed Individually (To Do tab) or as a Team.
   - **C.** Menu - to start New Request or Search Request.



2) Submit a **New Request:**
   A. Click on Menu for New Request

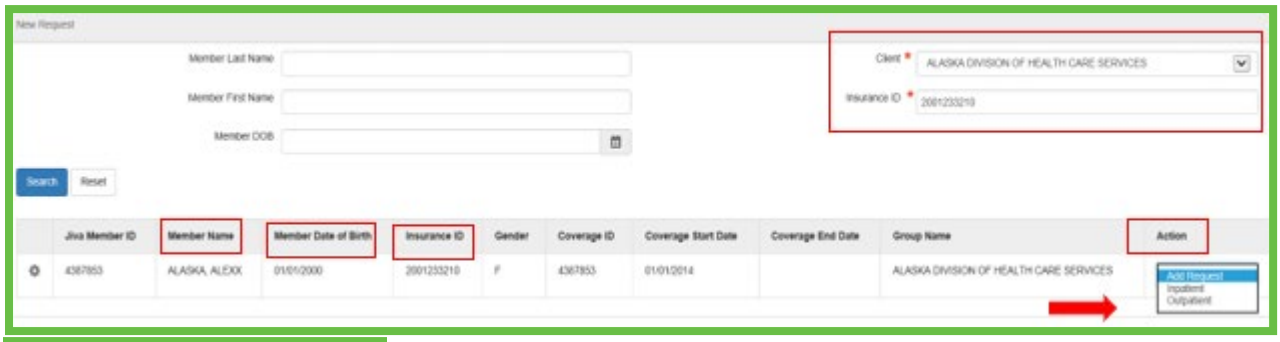


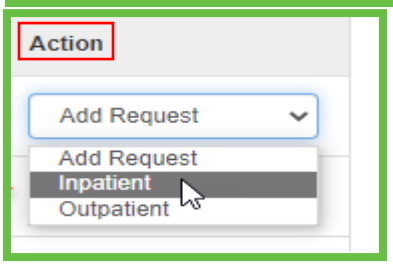
   B. Under Client: Select ALASKA DIVISION OF HEALTH CARE SERVICES.
   C. Under Insurance ID: Enter Medicaid number starting with 200 or 060.
   D. Click on Search.



3) Medicaid Recipient search**:**

A. Verify correct member name, date of birth and Medicaid insurance ID.
B. Under Action, select Add Request from the dropdown menu.
C. Select Outpatient (OP)





4) **Episode Details**: Complete the required fields with the red asterisk. Please also complete the Treatment Class field, even though there is no asterisk, it is a required field.
For **Outpatient** Requests complete:

A. **Request Type** *: Prior Authorization or Retrospective
B. Time Request: Auto-populates. Do not change.
C. **Treatment Class**: Select **N/A** (MUST be completed)
D. **Request Priority***: Non-Urgent will auto-populate. Do not change.
   i. Tip: If you need to expedite your request, please submit the request as "non-urgent," and include all relevant codes and clinical information required for the review. Once submitted, call Comagine Health to request an expedite.
E. **Treatment Type***: Select **Imaging** or **Surgical (OP)**

Outpatient Request View:



5) **Diagnosis:** Complete this section.

A. **Code Type***: ICD10 will auto-populate. Do not change.
B. **Diagnosis***: Enter one diagnosis at a time

i. The diagnosis codes will appear in a drop-down menu as you start typing. Choose the correct option. Example: C25.4 will appear once you click its entry on the drop-down.
ii. Primary DX can be amended by selecting the yellow star on the primary DX line.

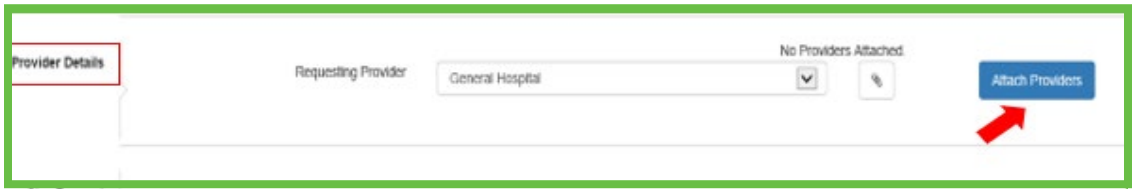


6) Provider Details: Complete this section.

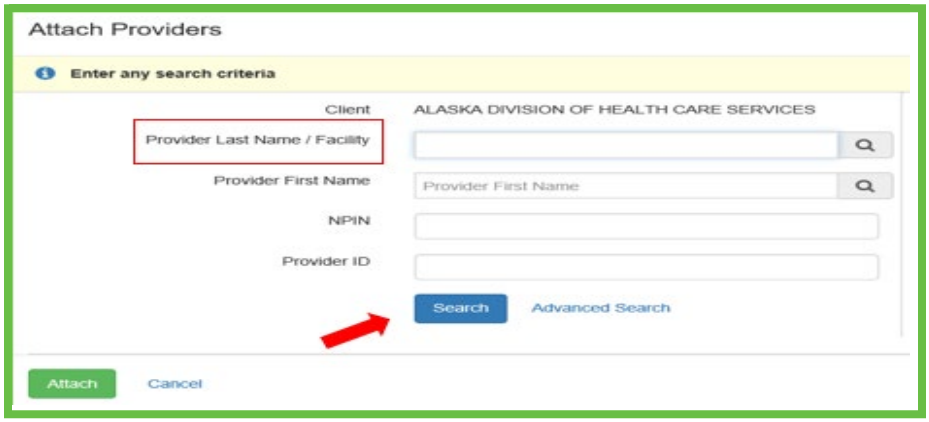
A. Three entries with matching provider roles are still required.
   i. Facility/vendor – Admitting (the facility where services are taking place).
   ii. Individual – Treating (the attending physician).
   iii. Organization – Requestion (the Organization entry allows Portal users to view and enter cases online).

B. To add your Organization, click the paperclip beside the "Requesting Provider" dropdown underneath provider details.
   i. This entry is required for users to access the case via the Portal and receive updates on status from Comagine Health.

C. After adding the Organization, please select **Attach Providers** by clicking on the blue **Attach Providers** button to the right of the paperclip.



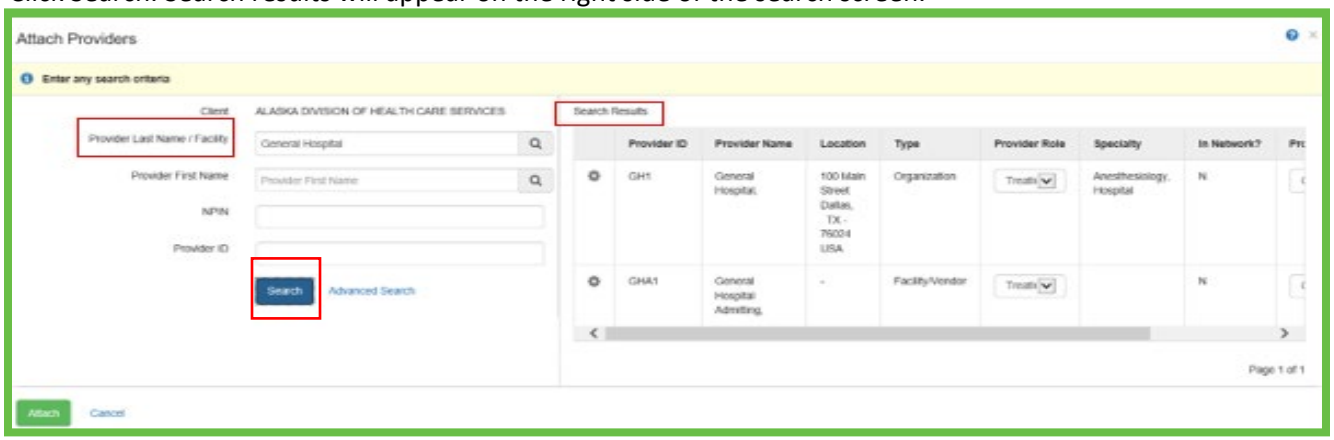
D. Once selected, you will see a search screen allowing a basic **Search** or **Advanced Search**



E. Enter the agency name, NPIN or Provider ID under **Provider Last Name/Facility**, **NPIN or Provider ID**

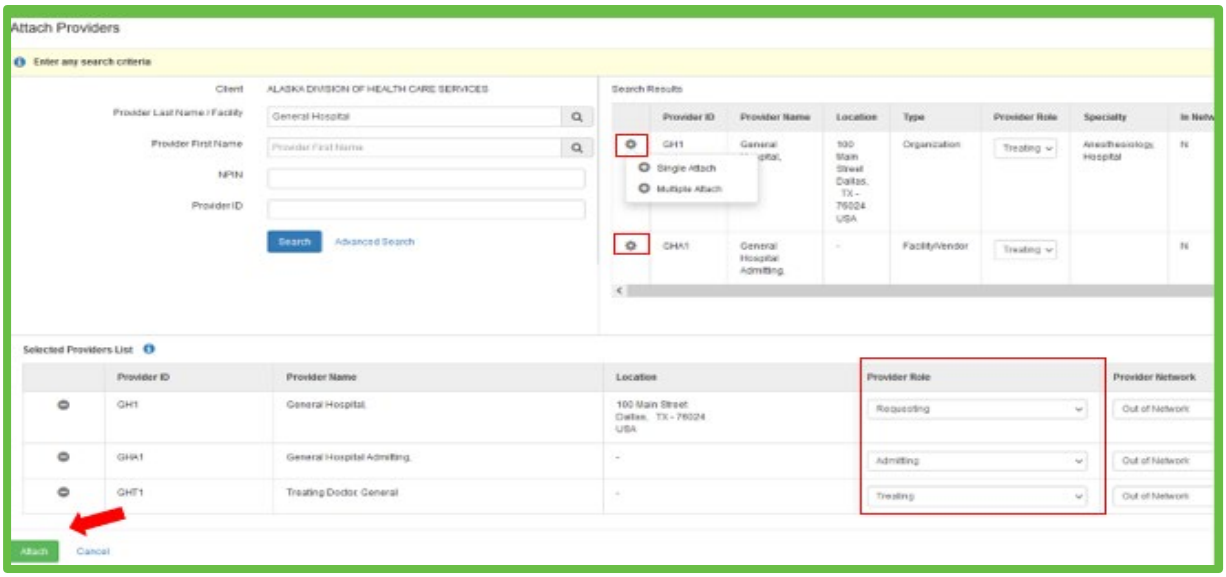
i. Tip: For facility/vendors and Individual selections, searching for the Medicaid Provider ID or the National Provider Identification Number (NPIN) may help narrow results versus searching by last name.
ii. An errant search will trigger you to call Comagine Health for assistance. You may do so or attempt your search again using different parameters.
iii. Any providers without entries in the CHPP will need to be manually added by Comagine Health staff. Please call Comagine Health to add a new or missing Alaska Medicaid provider.

F. Click Search. Search results will appear on the right side of the search screen.

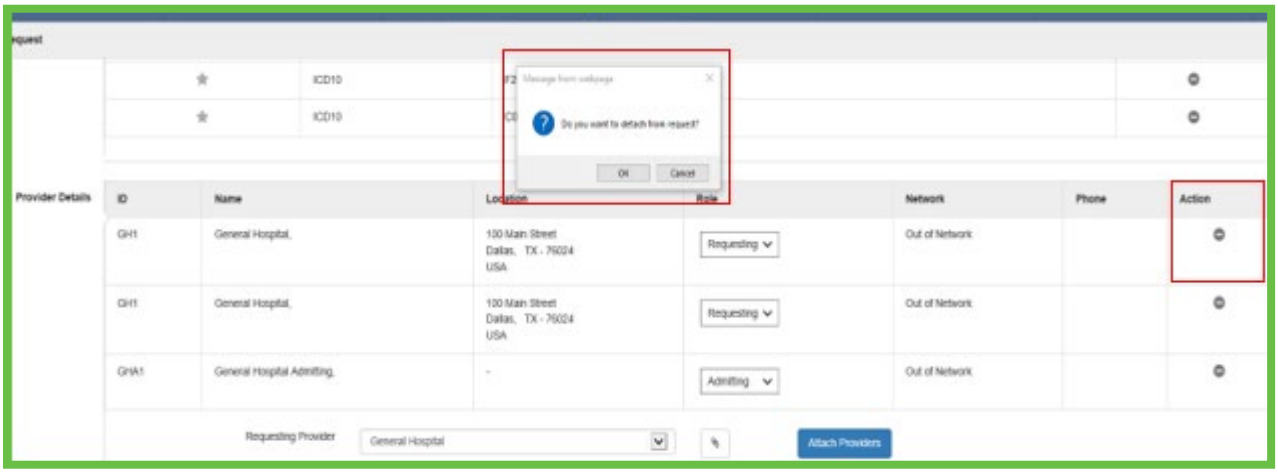


G. Each provider entry must be paired with a specific **provider role** selected from the drop-down contained inside the Provider Role column within the search result itself. Tip: Please disregard the "Provider Network" drop-down. It is a deactivated field for Alaska Division of Health Care Services.
i. Facility/vendor is always paired with Admitting.
ii. Individual is always paired with Treating.
iii. Organization is always paired with Requesting.

H. Click on the **gear icon (⚙)** under search results and chose **Multiple Attach**
i. The list of the providers will appear **under Selected Provider's List**
ii. The entry will remain there while you complete additional searches to complete your entries.
iii. When all entries are selected and you are ready to attach, select Attach from the bottom left of the screen.
iv. If you prefer, selecting Single Attach instead of Multiple Attach will allow you to attach one provider at a time. You will have to recomplete step C-forward for any additional entries.
v. Once all providers have been selected, click on green **Attach** button to save all providers.



I. If a provider is selected in error; click the icon under **Action** to detach the provider; a pop-up message will ask "Do you want to detach from request?" Click **OK**



7) **Service/Specialty Drug Request**: Complete the required red asterisk (*) fields for outpatient (OP) requests only.
   A. Service Type: Leave Blank
   B. Place of Service: Leave Blank
   C. **Code Type***: Select CPT (for outpatient requests).
   D. **Service Code***: Enter code or select search button (magnifying glass) to find code.
      - Codes will auto-populate in a dropdown. Continue typing code until the correct code is listed and then select it with your mouse cursor.
   E. Time Frame: Auto-populates to *per day*.
   F. Time Period: Leave Blank
   G. Modifier: Leave Blank
   H. **Start Date***: Enter MM/DD/YYYY or select from calendar
   I. **End Date***: Auto-populates and can be modified up to 4 months for imaging requests. Surgical requests require the extra date of service. If it is unknown, please use a placeholder of the current date.

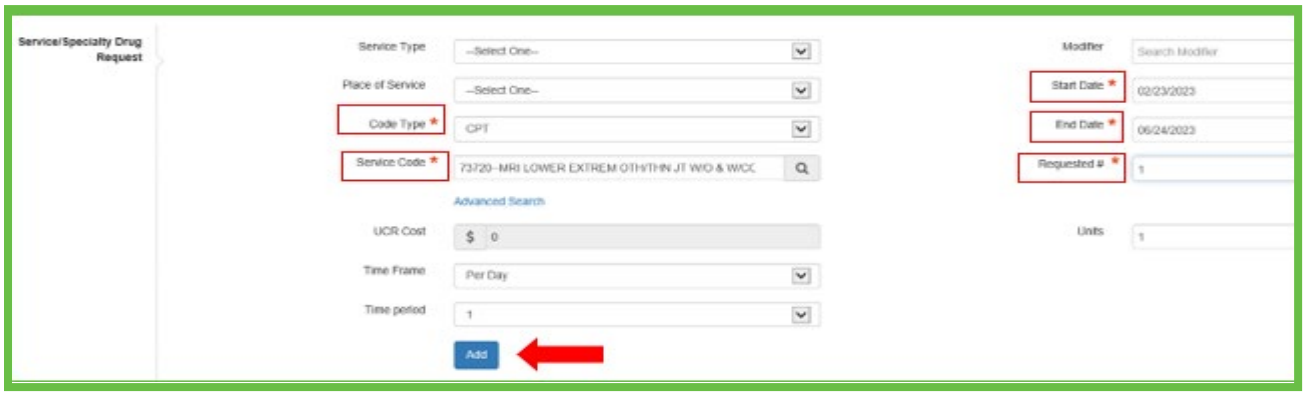
i. Requests are only allowed to be submitted within thirty days of the proposed date of service.

J. **Requested #***: Enter the number of units you want. For most imaging and surgeries, the requested # is 1.

i. **Tip**: Bilateral and/or multiple imaging requests using the same code are submitted on a single line with a requested # of 2 or above, based on the patient's request.

K. **Units**: Auto-populates to 1 and can be adjusted, must match requested number

L. Click on the blue **Add** button.

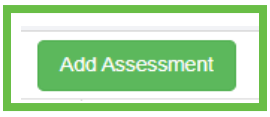


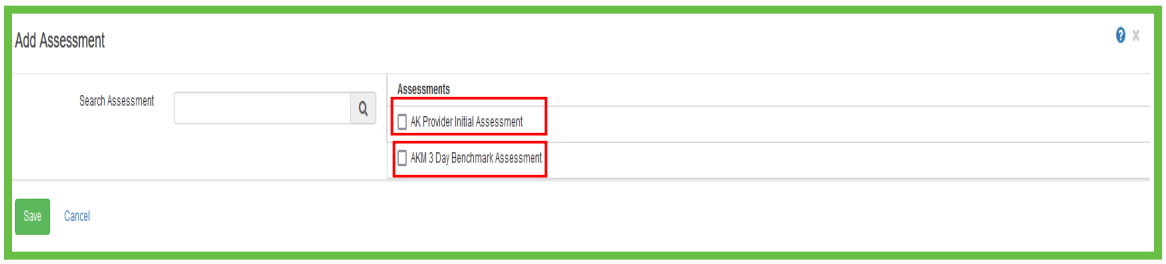
M. To edit a service request, click on the Gear under Action. A new screen will open for edits.

N. To remove a service request, a box will open to confirm you want to remove. Click OK.



8) Add Assessments- Click on the Add Assessment tab.



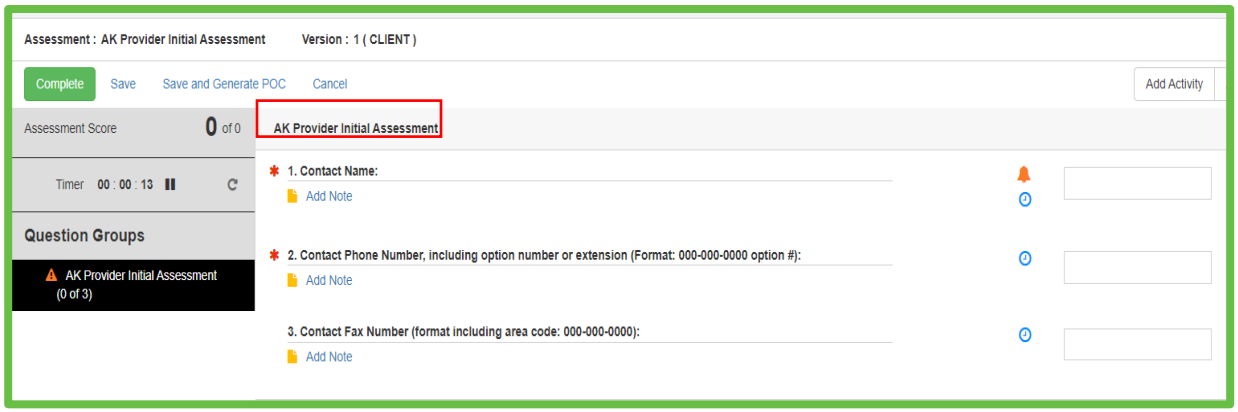


A. Select and complete the **AK Provider Initial Assessment** for all surgical and imaging requests.

a. There are three questions in the **AK Provider Initial Assessment.**

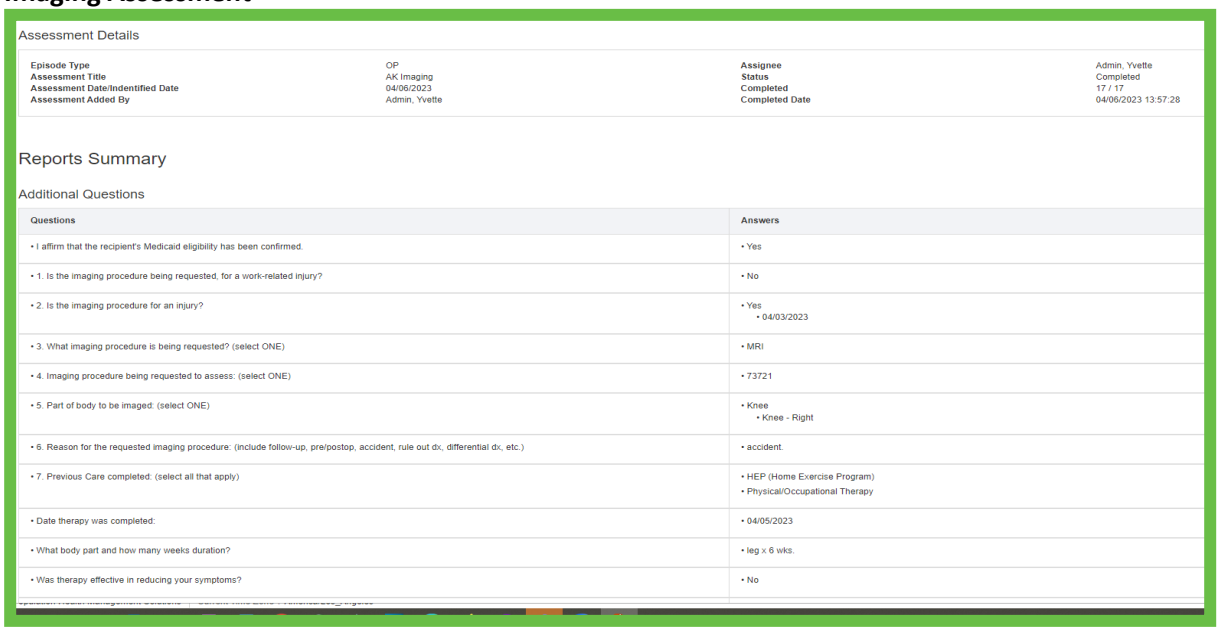
b. Enter Contact Name, Contact Phone Number and Contact Fax.

c. **<u>Always</u>** select "Complete" when finished with an assessment and not only "Save."

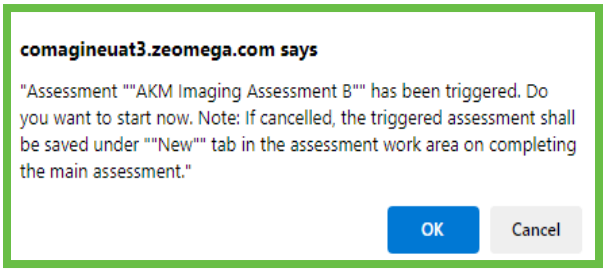


B. For outpatient (OP) imaging requests, two additional assessments may be required.
C. All imaging requests require the **AK Imaging Assessment.**
    a. Always select "Complete" when finished with an assessment and not only "Save."

Imaging Assessment

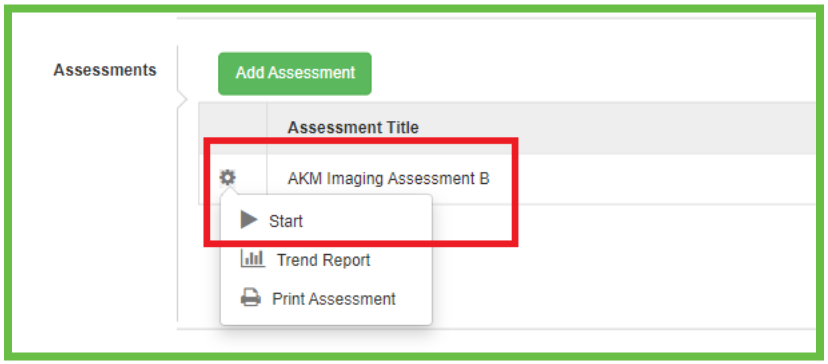


D. If question 4 is answered with "Other," the below message will appear. If you push, "OK" Jiva will leave the **AK Imaging Assessment,** but it will be incomplete. Please select "Cancel," and finish your **AK Imaging Assessment**. After selecting "Complete" on your **AK Imaging Assessment**, open and complete **AKM Assessment B**. This will expedite processing the request.



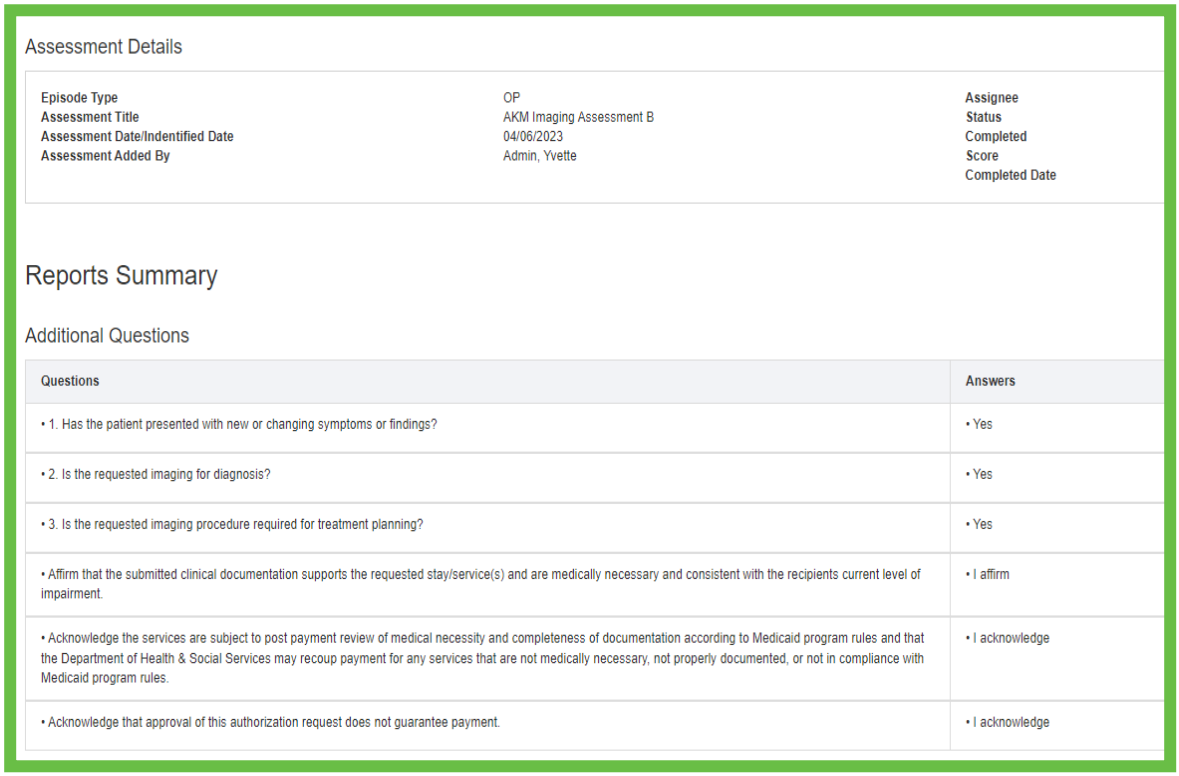
E. For certain imaging codes, pressing “Complete” to the AK Imaging Assessment will trigger a second assessment called the **AKM Imaging Assessment B.**

i. Select the gear for AKM Imaging Assessment B and choose “Start.”



ii. Complete the questions in the assessment.

iii. Always select “Complete” when finished with an assessment and not only “Save.”



Assessment Details

Episode Type	OP	**Assignee**
Assessment Title	AKM Imaging Assessment B	**Status**
Assessment Date/Indentified Date	04/06/2023	**Completed**
Assessment Added By	Admin, Yvette	**Score**
		Completed Date

Reports Summary

Additional Questions

Questions	Answers
• 1. Has the patient presented with new or changing symptoms or findings?	• Yes
• 2. Is the requested imaging for diagnosis?	• Yes
• 3. Is the requested imaging procedure required for treatment planning?	• Yes
• Affirm that the submitted clinical documentation supports the requested stay/service(s) and are medically necessary and consistent with the recipients current level of impairment.	• I affirm
• Acknowledge the services are subject to post payment review of medical necessity and completeness of documentation according to Medicaid program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules.	• I acknowledge
• Acknowledge that approval of this authorization request does not guarantee payment.	• I acknowledge

9) Add Documents Section:

A. Click on blue **Add Documents** button.

B. Document Title*: Enter name of the document being uploaded.

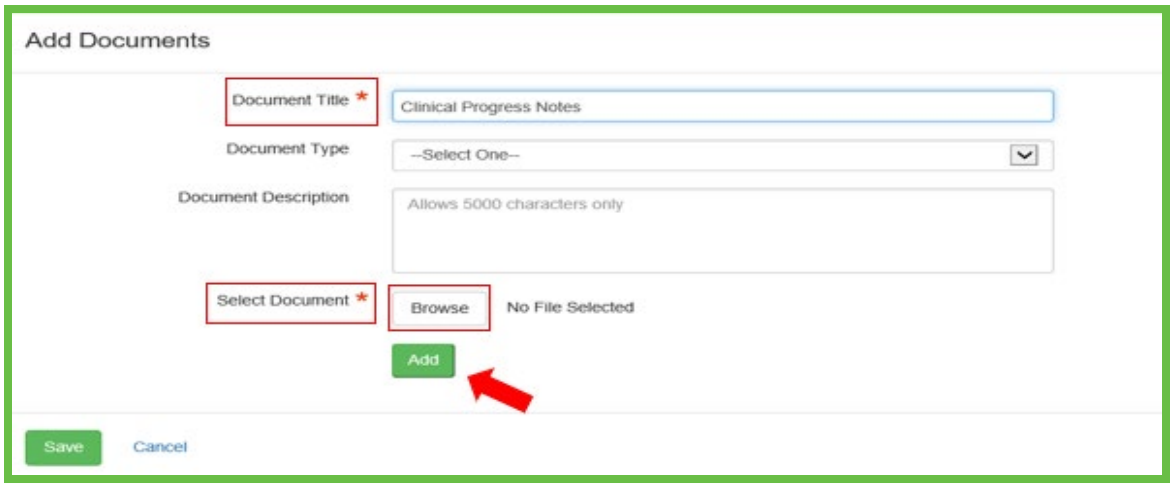
C. Select Document*: Choose “Browse” and locate your document to upload.

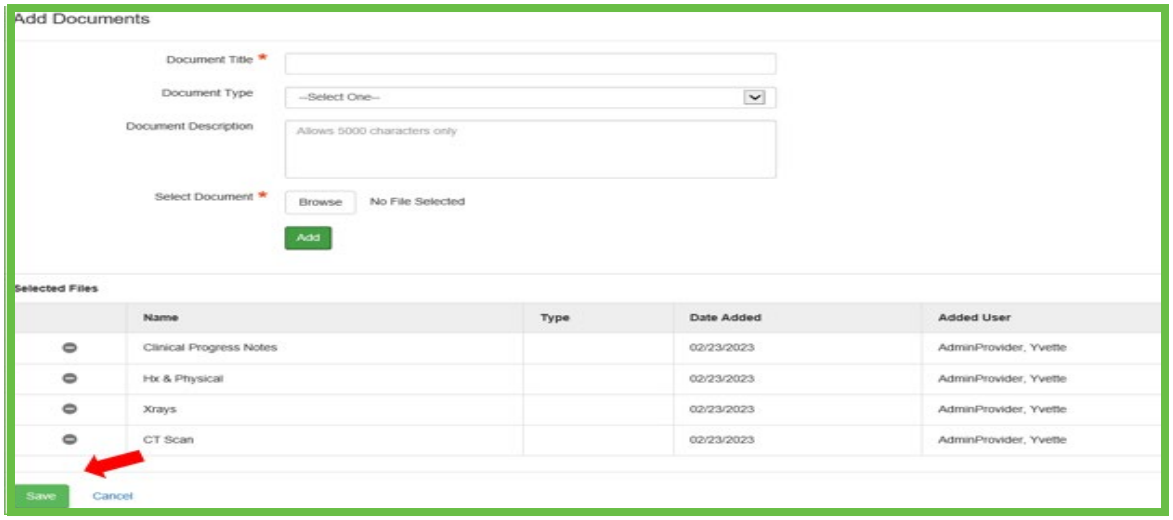
- Tip: Please only use PDF or DOC files.

- Tip 2: TIFF files are not accepted and Comagine Health will ask for clinicals to be resubmitted in either PDF or DOC format.

D. Document Description: Leave Blank
E. Once you have selected the document to be added, click the green **Add** button
F. If you have multiple documents, please complete step A through E for each document.
   - Tip: The maximum number of documents allowable in an upload session is four. If you need to add more than four, you will have to enter the case after submission and finish uploading. (See Step 13).



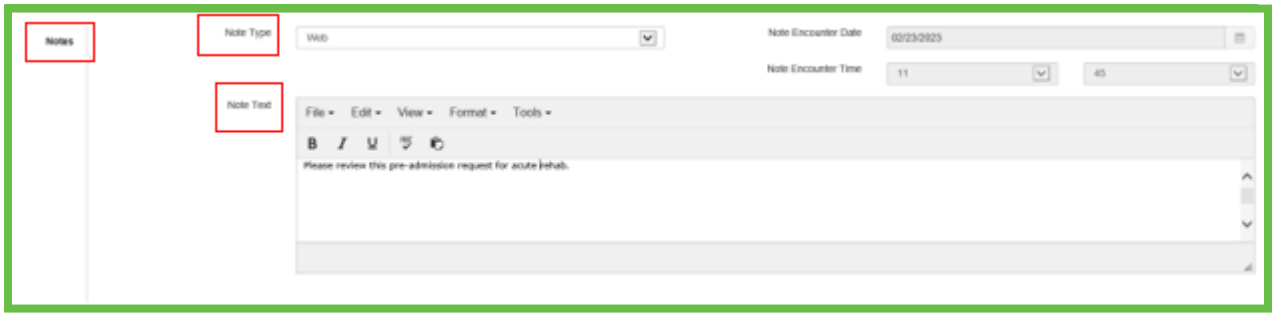




10) Notes Section:

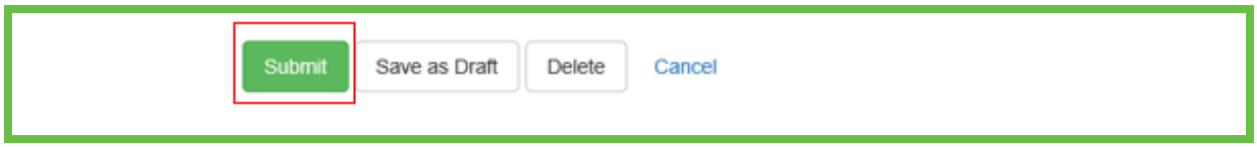
A. Note Type: Auto-populates to **Web.** Do not change this selection.
B. Note Text: Add notes according to the request, i.e., additional information submitted.

C. Note Encounter: Auto-populates the date.
D. Note Encounter Time: Auto-populates the time.



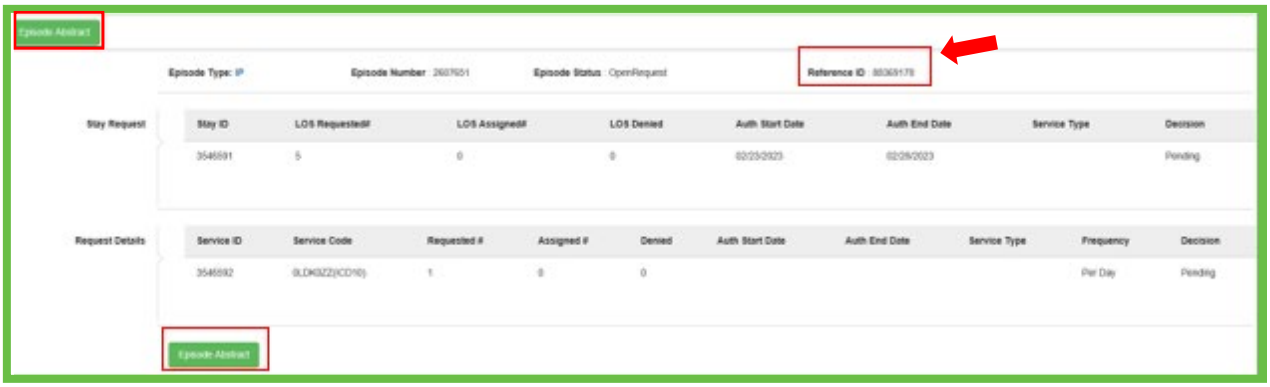
11) Submit review, **Save as Draft**, or **Delete:**

A. **Submit**: Episode will be submitted to Comagine Health.
B. **Save as Draft**: Episode will not submit to Comagine Health; but will be saved for later to edit.
C. **Delete**: The request will be deleted.

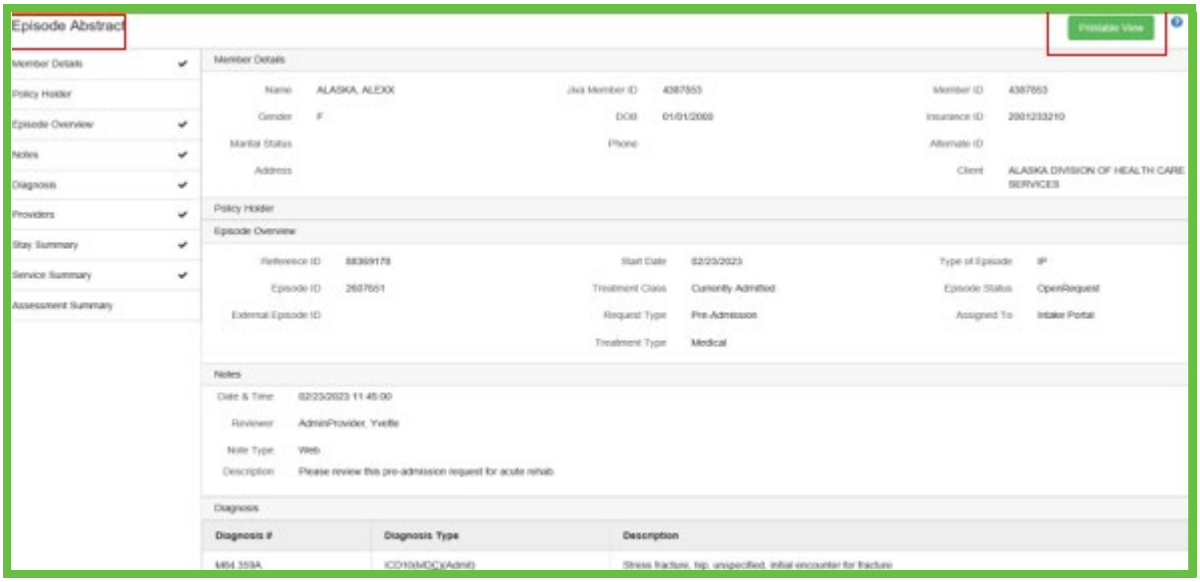


12) Make note of the CHPP Reference ID number for your records to locate the episode faster.

i. Tip: Reference ID will become your approval number if case is approved.

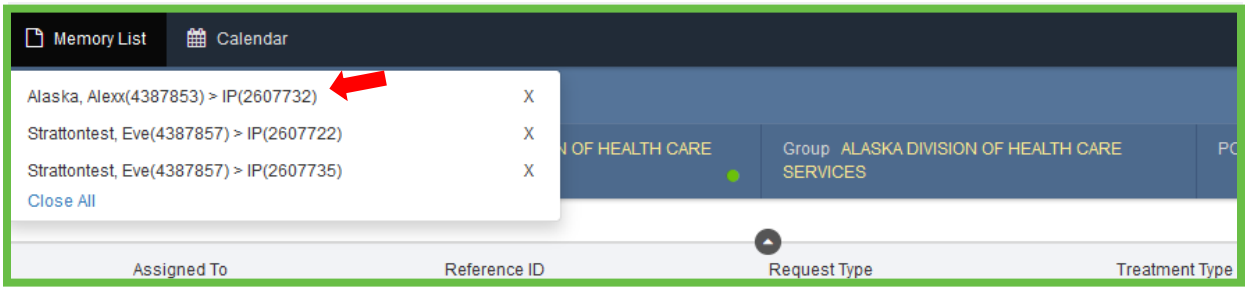


A. Selecting Episode Abstract allows you to review what was submitted in read-only format. Edits are not allowed in the Abstract.
B. You can print by selecting Printable View button in top right corner.



13) If you need to submit additional documents, you may locate your episode by visiting your memory list at the top of the screen, or by completing a search by click Menu and then Search Request.

- **A.** Select the episode you were working on in the Memory List or search for the Reference ID in the Search Request.
- B. Click on Add Document and follow Step 10 *Add Documents* (above)





If you need further assistance:
CHPP TECHNICAL ASSISTANCE: 1-888-240-0437

CHPP LOG-ON LINK: **https://comaginepp.zeomega.com**